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## ABSTRACT

Considerable research has focused on counselor variables related to clients' willingness to continue in psychotherapy. Investigators have studied the effects of a variety of factors influencing counseling dropouts, including administrative policies, client characteristics, and therapist characteristics. This study examined willingness to return as a function of the nature of the clients' presenting problem. Subjects were female college students (N=226). Three scripts, which differed with respect to intimacy and were adapted from actual interviews were used as stimuli. Using a 2 (two counselors) x 3 (low versus moderate versus intense levels of problem intimacy) analogue, these pseudoclients reported more favorable dispositions toward therapy solely as a function of the intimacy of the presenting problem. Generally, when clients' presenting concerns were highly intimate in nature, therapists were viewed as less attractive and trustworthy. Results seem to validate the clinical observations that following significant self-revelations, clients have a tendency to pull back. Since the findings may not be completely generalizable to the clinical situation, further research is needed. (Author/ABL)

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Returning to Therapy

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On Returning to Therapy After an Initial Interview

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Abstract

Considerable research has focused on counselor variables related to clients' willingness to continue in psychotherapy. In contrast, this investigation examined willingness to return as a function of the nature of the clients' presenting problem. Using a 2 (two counselors) X 3 (low vs. moderate vs. intense levels of problem intimacy) analogue, pseudoclients reported more favorable dispositions toward therapy solely as a function of the intimacy of the presenting problem. Implications for psychotherapy utilization are discussed.

On Returning to Therapy After an Initial Interview

Clients' willingness to continue in psychotherapy beyond the initial interview is a topic of interest to practitioners and researchers. Investigators have studies the effects of a variety of factors influencing drop-outs: administrative policies, demographic variables, client characteristics, client experience during intake, therapist characteristics, and client-therapist interaction characteristics (Saltzman, 1984).

Failure to return for scheduled subsequent counseling following an initial or intake interview has been used as a classification for drop-outs or premature termination in university counseling centers. Kokotovic and Tracey (1987) observed no clear findings on clients' failures to return to university counseling services after intake when investigators attempted to predict premature termination on the basis of demographic factors (e.g., client age, counselor gender, therapist level of experience). Kokotovic and Tracey (1987) pointed out that this failure has shifted researchers' interest to exploring the role of process variables such as client perception of the intake counselor, counselor-client agreement on the nature and

severity of the presenting problem, and client satisfaction with the intake interview. However, investigations using generic categories (e.g., academic, personal) of presenting problems and ratings of severity of clients' presenting difficulties (e.g., Epperson, 1981; Epperson, Bushway, & Warman, 1983) have not yielded uniform findings concerning dropping-out after intake. Examining personal dimensions of clients' presenting problems may shed light on the likelihood of premature termination in university counseling centers.

At an intuitive level, clients' difficulty in broaching and openly discussing their problems (e.g., drug abuse) would seem related to the decision to engage in ongoing counseling. During intake, discussion of issues which are not sensitive or intimate may not be judged by the client as a real problem meriting taking the time or devoting the attention required by counseling. Presumably such intake issues would not prompt a client to return. A second issue suggests that if a client felt a problem was resolved at intake, he or she would be unlikely to continue in counseling. Epperson et al. (1983) noted that the probability of such resolution in a single,

first, and only session seems remote when the presenting difficulty is highly troublesome or personal. A third consideration in dropping out after intake involves the intimacy of the personal problem discussed. Disclosure of personal problems becomes more risky as the level of intimacy of the information increases (Norton, Feldman, & Tafoya, 1974). Clients who broach highly intimate information may be signifying their readiness to deal with significant material leading to their willingness to return for further work. Willingness to discuss such issues during intake would then indicate a first step of progress and insight into the process of resolving personal issues.

Clinical experience shows however that following significant self-revelation or insight, clients often relapse or are likely to experience feelings of gloom and despair (Rogers, 1942, 1951). This phenomenon would seem relevant to self-disclosure during intake. Relative to less personalized presenting problems, revelation of secretive information characterized as highly intimate and personal would seem to increase the likelihood of failing to return after intake.

The present analogue explored the relationship between the likelihood of investing in counseling after an intake interview as a function of the level of intimacy of the presenting problem. For a client presenting difficulties having low personal intimacy value, the likelihood of investing in counseling was expected to be less than that for clients whose presenting problems could be characterized as moderately intimate. No clear unambiguous expectation emerges for presenting problems which can be considered highly intimate.

#### Method

##### Subjects

The current sample consisted of 226 college females with a mean age of 22.3 ( $SD=5.9$ ). The majority (83%) of the women were single, and 11.5% were married, with the remainder indicating some other status. The women's academic status was distributed as follows: freshmen (31%), sophomores (19.5%), juniors (24.3%), seniors (20.8%), and graduates (4%). The sample was predominantly Caucasian (75.7%) with 12.8% claiming Black ethnicity, 5.3% reporting Hispanic background, 1% identifying themselves as Oriental, and the remaining 5.3% indicating other status.

Stimulus

Three 10-12 minute scripts adapted from actual interviews (see Schneider and Hayslip, 1986) served as stimuli. The three scripts have been rated as portraying presenting problems differing with respect to the levels of interpersonal intimacy (where 1 = not at all intimate and 5 = very intimate). The low intimate topic (LO) portrayed a female client discussing time management, transportation, and part-time employment concerns (rated intimacy = 1.7). The moderate vignette (MOD) depicted a female exploring relationship issues involving breaking away from parents, communication difficulties with her boyfriend, and deriving more satisfaction from personal acquaintances (rated intimacy = 3.4). In the intense scenario (INT) the client discussed sexual concerns involving birth control, marital suitability, and a past abortion (rated intimacy = 4.5).

A female PhD candidate in counseling psychology (29-years-old) role-played the client in all the vignettes. To enhance generalizability to other counselors, two female PhD candidates in counseling psychology (25 and 35-years-old) played the therapist's role for all three of the scenarios.



### Measures

In addition to providing biographical information, participants were asked to report their reactions to the therapist in the vignette on two sets of ratings. The first set was employed to assess those features important to the realism and validity of the analog. In this light, subjects reported: (a) how difficult it was to place themselves in the client's place (where 1 = extremely easy and 7 = extremely difficult); (b) how intimate they thought the problem being discussed was (where 1 = not at all intimate and 5 = very intimate); and (c) how common they thought the problem was among their female acquaintances (where 1 = very rare and 5 = very common).

The second group of ratings asked participants to rate factors considered to have a bearing on availing oneself of the counselor's services. The females rated: (a) their optimism about obtaining help by continued work with the counselor (where 1 = no optimism and 8 = extreme optimism); (b) the likelihood they would return for a second interview with the counselor (where 1 = very unlikely and 8 = very likely); and (c) the likelihood they would recommend

the counselor to a friend seeking counseling (where 1 = very unlikely and 7 = very likely).

### Procedure

Participants were instructed that the experiment involved assessing impressions of counselors. Subjects were told to try to put themselves in the clients' place while they listened to a segment of an initial interview between a counselor and client. Immediately afterwards, participants completed the two sets of ratings and responded to the biographical items. The two counselors were completely crossed over the three levels of intimacy of the client's presenting problem in a between subjects design.

### Results

The 2 (counselors) X 3 (levels of presenting problem intimacy) multivariate analysis of variance (MANOVA) performed on subjects' ratings of their ability to assume the client's role, appraisal of intimacy of the client's presenting problem, and perception of commonness of the problem yielded a significant effect for intimacy levels of the presenting problem only,  $F(6,434) = 21.6, p < .001$ .

Univariate tests indicated differences on only one of the ratings: intimacy of the presenting problem ( $p < .001$ ). Tukey's

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Insert Table 1 about here

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honestly significant difference test indicated that participants appraised the LO vignette as significantly less intimate than the MOD which in turn subjects assessed as less intimate than the INT presenting problem. While subjects were able to assume the role of the client in all three vignettes with comparable ease ( $M = 3.57$ ) and perceived the three problems as equally common among their acquaintances ( $M = 3.96$ ), participants viewed the intimacy levels of the problems differently as intended by the design.

The second  $2 \times 3$  MANOVA performed on the participants' ratings of optimism about the counselor's helpfulness, likelihood of returning for a second interview, and recommending the counselor to others produced no statistically reliable differences. However, the main effect for presenting topics approached significance,  $F(6, 434) = 2.08$ ,  $p < .06$ .

Univariate analysis for presenting problem intimacy, performed for exploratory reasons, revealed differences in the likelihood of returning for a second interview ( $p < .01$ ).

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Insert Table 2 about here

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Post hoc analysis using Tukey's procedure indicated that subjects in the MOD problem condition were more likely to return for further counseling than participants in the LO and INT topic conditions. The latter two conditions did not differ. Univariate analysis of participants' willingness to recommend the counselor also approached significance  $F(2,218) = 2.08$ ,  $p < .06$ . Inspection of the mean ratings indicated that subjects in the MOD condition were more likely to recommend the counselor than women in the LO and INT conditions.

### Discussion

While the present results are not definitive, some convergencies with previous research emerge. Schneider and Keyslip (1986) noted that intimacy of the presenting problems was linked to pseudoclients' perceptions of therapists' personal characteristics.

Generally, when clients' presenting concerns were highly intimate in nature, therapists were viewed as less attractive and trustworthy. Thus the level of intimacy of presenting problems may be associated with derogation of the help-givers' personal attributes as well as lower likelihood of returning for further counseling.

Like the "stranger on the bus" phenomenon, individuals may well be likely to make significant disclosures to target persons whom they will never see again. This raises an interesting point which the present findings do not address. Namely, have the individuals making significantly intimate disclosures decided prior to the intake session That they will not continue in subsequent counseling interviews, or is this decision reached during the course of revealing highly personal and secretive information about oneself?

The present results do seem to validate the clinical observation that following significant self-revelations, clients have a tendency to pull back. It will be a challenge for clinical work to establish and validate intervention techniques to lessen the likelihood of clients' withdrawing or making themselves

unavailable for further therapeutic work following such disclosures.

The observed inverted-U shaped function between presenting problem intimacy and continuation in counseling is consistent with the commonly found relationship between self-disclosure and interpersonal attractiveness. Clients with low intimate presenting concerns may experience concern over revealing themselves out of fear while clients disclosing intensely intimate information may experience shame and become hesitant regarding further self-revelations. To some extent clients presenting low or high intimate issues may be reacting to a fear of negative evaluation by others. This may be related to analytic notions concerning client transferences.

Presentation of moderately intimate concerns at intake was associated with the highest likelihood of returning for subsequent counseling. Perhaps unhindered by fear or shame regarding the nature of the presenting difficulties, such clients are best suited to persevere in the counseling enterprise.

Given the analogue nature of the present investigation, one can not be certain that the findings are completely generalizable to the clinical situation

of real clients presenting problems of varying levels of intimacy. Would such clients decide to return for further work in a university counseling center? However, the fact that the pseudoclients' ratings of the likelihood of recommending the therapist to a friend paralleled ratings of their own probability of returning to the counselor suggests that the likelihood of returning may be related to a more global attitude about the utility of engaging in ongoing counseling following intake. Further research will be necessary to establish the validity of these contentions.

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Table 1

## Ratings of Analog Realism

	Problem Intimacy Level						
Rating	LO <sup>a</sup>		MOD <sup>b</sup>		INT <sup>c</sup>		Univariate F
	M	SD	M	SD	M	SD	
Difficulty assuming client's place	3.31	1.87	3.66	2.01	3.72	1.99	.91
Intimacy of presenting problem	2.01	.86	3.34	.94	3.84	1.03	73.0*
Commonness of presenting problem	3.90	.90	3.94	.97	4.04	1.02	.39

Note: LO=low intimacy, MOD=moderate intimacy, INT=intense intimacy

<sup>a</sup> n=73, <sup>b</sup> n=77, <sup>c</sup> n=75

\*  $p < .001$

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Table 2

## Rating for Use of Counseling

Ratings	Problem Intimacy Level						Univariate F
	LO <sup>a</sup>		MOD <sup>b</sup>		INT <sup>c</sup>		
	M	SD	M	SD	M	SD	
Optimism about obtaining help	4.64	1.74	4.93	1.54	4.44	1.69	1.81
Likelihood of returning for second session	4.41	2.08	5.27	1.87	4.33	2.07	5.12**
Likelihood of recommending counselor	4.04	2.04	4.75	2.01	4.07	2.11	2.94*

Note: LO=low intimacy, MOD=Moderate intimacy, INT=intense intimacy.

<sup>a</sup> n=73, <sup>b</sup> n=77, <sup>c</sup> n=75

\*  $p < .06$

\*\*  $p < .01$